



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

May 1, 2009

Governor David Heineman
445 K St # 2316
Lincoln, NE 68508
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Dear Governor Heineman:

We, the Task Force on Serious Mental Illness and Serious Emotional Disturbance (TFSMI/SED) of the American Psychological Association, are writing to express our concern and disappointment about the decision to close the Community Transition Program (CTP) at the Lincoln Regional Center – a longstanding and highly effective inpatient psychiatric rehabilitation program for people with serious mental illness and behavior problems who have not responded to treatment anywhere else and who have demonstrated an inability to live in community settings. While we certainly can understand the philosophy that every effort must be made to ensure that people with mental illness live in the community, we believe that closure of the CTP is the least effective way to ensure this result. Some of the reasons for this are as follows:

- 1) Despite encouraging data on recovery for people with chronic mental illness, a substantial portion of persons with schizophrenia and related disorders (i.e., at least 20%) experience a chronic deteriorating course, and require longer hospitalizations to ensure that when they do return to the community they will succeed in living independently and staying out of the hospital. This is the population for whom the CTP was established.
- 2) The CTP is not a typical state hospital program. Although many state hospital units have traditionally kept patients for too long, the CTP is an evidence-based, highly effective program that adheres to known best practices for treatment of patients who typically would be hospitalized for even longer periods in hospital settings. That is, patients seen by the CTP are the most disabled patients, who have shown an inability to benefit from typical hospital treatment, or to live even marginal existences in the community.
- 3) Premature hospital discharge of people with this form of illness typically leads to rapid re-hospitalization in more costly emergency and acute care settings, increased family burden including work absences, homelessness, engagement with police and the criminal justice system, and poorer long-term outcomes.
- 4) While long-term hospitalization per se is not the answer, long-term residential care in the form of evidence-based psychiatric rehabilitation has been shown to be, by far, the most effective treatment for chronically disabled people with mental disorders. This success has been defined in terms of (compared to long-term treatment as usual) increased behavior change, reduced need for medication, briefer long-term stays, reduced number of re-hospitalizations, and longer times between re-hospitalizations when they occur.
- 5) The CTP is the longest running evidence-based inpatient psychiatric rehabilitation program in the country. It is run by internationally recognized experts, and has trained mental health practitioners from all over the world. It has also trained many students from the University of Nebraska-Lincoln, who have subsequently stayed in Nebraska to establish their careers at

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the CTP or elsewhere at the Lincoln Regional Center or nearby hospitals. This is a program with a proven track record of success – as can be seen in many articles in professional medical journals, and in the testimony of family members of mentally ill residents that have been treated in the program.

- 6) The negative effects of the CTP closure can already be felt in the cancellation of the training contract by the University of Nebraska-Lincoln. This will mean fewer students trained in evidence-based practices that graduate and go on to work at Nebraska mental health facilities.
- 7) There is currently no evidence-based alternative to the CTP for chronically mentally disordered people in the Lincoln area.
- 8) Historically, states that close model programs such as the CTP are burdened with the unforeseen treatment needs created by the premature transition of people to the community, and this has led to an overall rated decline in the quality of mental health services in those states.
- 9) With Nebraska already facing scrutiny around its developmental disability (DD) services, it is curious that such a major change in the mental health system is also being made now. While some may be able to spin this as a cost-savings maneuver that is somehow beneficial to patients, all of the data around similar closures in the past suggest otherwise, and therefore CTP closure is almost certain to generate negative reactions from the mental health community and family advocates.

In recent years, other states have opened programs such as the CTP, in some cases in consultation with CTP staff. Moreover, the National Institute of Mental Health-funded Patient Outcomes Research Team just updated its treatment recommendations, and the techniques that form the basis of the CTP (and which in some cases were developed there) continue to be recommended as “best practices.” It is therefore surprising that, at a time when our understanding of effective treatment techniques is increasing, and programs implementing these techniques have been implemented elsewhere, a decision has been made to close such an effective, innovative, and influential program in Nebraska.

It is our hope that the decision to close the CTP will be reversed. If that cannot happen, we believe that the best way to serve people with severe mental illness in the Lincoln region would be to re-establish the program at another facility. Simply treating the population for whom the CTP was established and effective on renamed shorter-term units has never been shown to be an effective alternative to evidence-based residential treatment for this population.

We hope these comments clarify the consequences of closing the CTP. If you would like any further information regarding any of the points made above, please do not hesitate to contact us.

Sincerely,



Steven Silverstein, Ph.D.,
Chair, on behalf of the APA TFSMI/SED